Form No. 1
GÁRDA SÍOCHÁNA (COMPENSATION) ACT, 1941.
FORM OF APPLICATION FOR COMPENSATION
IN RESPECT OF THE DEATH OF A DECEASED PERSON.

1. Name and address of the Applicant

______________________________________________________________________

______________________________________________________________________

Note.—If more than one applicant, the names and addresses of all the applicants must be stated here.

2. Is the applicant or any of the applicants under the age of twenty-one years, if so, state his or her age and the name and address of the person making this application on his or her behalf

______________________________________________________________________

______________________________________________________________________

3. Name and rank of the deceased person in respect of whose death the application is made

______________________________________________________________________

4. Relationship of the applicant or each of the applicants to the said deceased person.

______________________________________________________________________

5. Facts relied on to show that the applicant or each of the applicants was dependent or partly dependent on the said deceased person

______________________________________________________________________

______________________________________________________________________

6. Date and place of death of the said deceased person

______________________________________________________________________

______________________________________________________________________
7. Particulars of the circumstances (including date and place) in which the injuries causing the death of the deceased person were inflicted

8. Particulars of the injuries which caused the death of the deceased person

9. Other facts and circumstances (if any) which the applicant desires to bring to the Minister's notice in support of the application

(Signed)

Dated this. __________ day of __________ 202

Note.—This form must be signed by the applicant or, if there is more than one applicant, by all the applicants, and must be sent, when completed, by post in an envelope addressed to the Garda Compensation Section, Department of Justice, 51 St. Stephen's Green, Dublin 2, D02 HK52

Particulars which are too long to be stated on this form should be stated on a separate sheet annexed to this form.
Introduction
1. The data you provide is collected by Garda Compensation Unit, a Business Unit of the Department of Justice (DoJ). The data controller for the information you provide is the Department of Justice and the data controller’s contact details are:

   Garda Compensation Unit
   Department of Justice
   51 St. Stephen’s Green
   Dublin 2, DO2 HK52
   email: gardacompo@justice.ie

How will your personal data be used?
2. We may use the personal data you provide in this form for the following purpose(s):

   • To process an application under the Garda Síochána (Compensation) Acts 1941 – 1945.

Legal Basis for processing your Personal Data
3. Our legal basis for collecting and processing this data is as follows:

   • Section 5-6 of The Garda Síochána (Compensation) Acts 1941 – 1945.

Security of Personal Data
4. The personal data provided will be stored securely on DOJ IT servers. It may be shared, where appropriate, with third parties including the following:

   • Chief State Solicitors Office
   • Chief Medical Officer, An Garda Síochána
**Contact for Queries**
5. The contact for any queries in relation to this form is:

   Garda Compensation Unit  
   Department of Justice  
   51 St. Stephen’s Green  
   Dublin 2, DO2 HK52  

   email: gardacompo@justice.ie

**How long will Personal Data be retained?**
6. This data will be stored in accordance with the requirements of the National Archives Act 1986.

**How to Request a copy of your Personal Data**
7. You can request a copy of your personal data by completing a Subject Access Request (SAR) form, available:
   - at [http://www.justice.ie/en/JELR/Pages/Data_Protection](http://www.justice.ie/en/JELR/Pages/Data_Protection) or
   - from the Data Protection Support and Compliance Office (DPSCO) at the address below.

   Forward the completed form by email to subjectaccessrequests@justice.ie or by post to the DoJ Data Protection Officer at the address below. You will be required to verify your identity before the data can be forwarded to you. The time limit for responding to a SAR commences once your identity has been verified.

**Your Rights in relation to your Personal Data**
8. You have the right to rectify any inaccuracies in your data. To do this you should write to:

   Garda Compensation Unit  
   Department of Justice  
   51 St. Stephen’s Green  
   Dublin 2, DO2 HK52  

   email: gardacompo@justice.ie

documenting the inaccuracies which need to be rectified. The right to rectification is not absolute and each request will be considered on its own merits.
9. You have the right, where appropriate, to obtain erasure of your data and/or a restriction on the processing of your data as well as the right to object to the processing of your data. The right to erasure, restriction or objection is not absolute and each request will be considered on its own merits.

10. You have the right to lodge a complaint with the Data Protection Commission (DPC). You can contact the DPC by webforms on their website www.dataprotection.ie or by post to:

   21 Fitzwilliam Square South
   Dublin 2
   D02 RD28

Further details in relation to your data protection rights can be found in the Department of Justice Data Protection Policy available at:

   http://www.justice.ie/en/JELR/Pages/Data_Protection

Contact the DPO

You can contact the Data Protection Officer (DPO) for the Department of Justice by post at:

   The Data Protection Officer
   Department of Justice
   51 St. Stephen’s Green
   Dublin 2, D02 HK52
   Or
   by email - dataprotectioncompliance@justice.ie

I acknowledge that I have read and understood the information provided above by the Department of Justice for the purposes of ensuring fair and transparent processing of my personal data.

Name of Applicant: __________________________________________________________

Signature of Applicant: ______________________________________________________

Date: ______________________________________________________________________